PTO/SB06 (08-03)
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U.S. Paterd and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | Application or Docket Humber 09/939 5/10 | | |
|---|--|---|------------------|---|------------------|---|--------------------|------------------------|---|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY | | | | | | | | | OR | OTHER THAN SMALL ENTITY | |
| | FOR | MURAS | MAMBER FILED | | MUMBER EXTRA | | RATE | FEE | Ì . | RATE | FEE |
| 67 | IC FEE CFR 1.(8(a)) | | | | | | | | OR | | .710 |
| Ø7 (| AL CLAIMS CFR L18(c) | 91 | 9/ stones 20 • . | | | 1 | X 8= | | OR | x \$ e | 18 |
| DKD: (37 (| EPENDENT CLAS CFR 1.16(b)) | ^{MS} 3 | 3 minus 3 · · | | | 1 | x 8 ° | | OR | X 8 = | |
| MULTIPLE DEPENDENT CLASS PRESENT (27 CFR 1.18(47) | | | | | | 1 | · • _ • | | QR | 71. | |
| " if the difference in column 1 is less than zero, enter "O" in column 2. | | | | | | • | TOTAL | | OR | TOTAL | 128 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| ٠ | . (Column 1) (Column 2) (Column 3) | | | | | | SMALL | ENTITY | OR | | RTHAN |
| ΑFA | 11/9/ | CLAIMS REMAINING AFTER AMENDMENT | 4 | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | 1 | RATE | ADDI- | | RATE | ADDI- TIONAL |
| AMENDMENT | Total ST GFR LIESS | 71 | Messus | PAD FOR | | ₽ | Dx | FEE | OR | X 5 c | FEE |
| 꿃 | independent (2) CTR 1,000 | • 7 | Mont | | | E | XI. | | | | |
| AM | FIRST PRESENT | ATION OF MULTUR | E DEPEND | ENT CLAIM (37 CF | R 1,16(0)) | 1 | +3_ = | | OR OR | X 8= | |
| | | | | | | j | TOTAL | | | TOTAL | 2 |
| ۱ د | 141/80 | (Cotumn 1) | | (Ostano M | | | ADO1. FEE | | OR | ADD'L FEE | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADOI- TIONAL FEE |
| M | Total (D/GPR 1.18(D) | 21 | Minus | " U | 6 |] | x s= | | OR | X 8 = | |
| AMENDM | independent (37 GFR 1.1908) | . 3 | Minus | 3 | . 9 |] | x 4e | | OR | x s = | |
| ¥ | FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM (ST CFR 1.18(4)) | | | | | | • • | | OR | +6 '= | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 8 |
| 9-28-25(Column 1) (Column 2) (Column 3) | | | | | | | | | | 1 | |
| ENTC | ٠ | CLAIMS REMARKING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1,14(4) | 21 | Minus | •• | • | | x s• | | OR | x se | |
| AMENDMENT | Independent (37 CFR 1.16(3)) | . 3 | Minus | | • | | x 1= | | OR | x s= | |
| Ą | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.18(d)) | | | | | | +5= | | OR | *: = | |
| | | | | | | | | | OR | TOTAL ADO'L FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "regimes Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Righest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20". The "Righest Number Proviously Paid For" (Total or Independent) is the Mohest number found in the accomplant bory in critisms 3. | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or ration at benefit by the public which is to fits (and by the USPTO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gatherine, preparine, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandric, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandric, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.